## See Instructions on back of page 6.

Department of Toxic Substances Control Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. A  C A C 0 0 1 1 8 3 8 9 6	Agnifest Document No.	2. Page I	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address McDonnell Douglas Airc 1414 190th Street, Wes 4Tornan Chone CA 90501-113	raft t	A. State	Manifest Documen	9672796
5. Transporter 1 Company Name	6. US EPA ID Number	C. State	fransporter's ID	
7. Transporter 2 Company Name	(   A   O   O   S   3   O   O   O   O   O   O   O   O   O	2.49	ransparter's ID	
9. Designated Facility Name and Site Address Chemical North Majorit 35251 Old Skyline A	7 Truc. 10. US EPA ID Number 11. 12. 13. 13. 14. 15. 16. 17. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	G. State	orter's Phone Facility's ID  's Phone	
11. US DOT Description (including Proper Ship		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol 1. Waste Number
° RQ Environmentally solid N.O.S. 9, UN3 (polychlorinted biph	077 III	00 CM		State 261 EPA/Other State EPA/Other
c.				State  EPA/Other
. Additional Descriptions for Materials Listed A Profiles & EA9606 Waste Management	OSD April 2000 967 - 5 to 27967- 9	K. Handlir a.	Godes for Was	EPA/Other  Tes Listed Above  b
5. Special Handling Instructions and Additional Use appropriate PPE, Ty splash protection, eye  6. GENERATOR'S CERTIFICATION: I hereby packed, marked, and labeled, and are in a  If I am a large quantity generator, I certifi economically practicable and that I have so threat to human health and the environment	I Information  YVEX, gloves  Protection  (declare that the contents of this consignment are full ill respects in proper condition for transport by highways that I have a program in place to reduce the velected the practicable method of treatment, storage it; OR, if I am a small quantity generator. I have it.	ay according to applicable	above by proper international and i	national government regulations.  degree I have determined to be
Printed/Typed Name  JOHN MARAS CO	Signafure	Marasa		Month Day Yes
7. Transporter 1 Acknowledgement of Receipt trinted/Typed Name  (***********************************	Signature			Month Day Yea
rinted/Typed Name	Signature Signature			Month Day Yea
9. Discrepancy Indication Space				
Facility Owner or Operator Certification of a	receipt of hazardous materials covered by this manif			

96727967
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550